CLIENT REGISTRATION FORM

Colorado Department of Public Health and Environment Women's Health Unit			Clinic Site
May we mail reminders CLIENT: (Please Print)	and contact you at	nome? (Confidential)	YESNO
Last NameFirst Name		st Name	Middle InitialMaiden/Former
AddressApt.#Ci		ot.#City	StateZipCounty
Tel.# (home/message)Tel.# (work/c		_Tel.# (work/cell)	Emergency Contact Name
Circle: (Sex) M	F Birth D	ate <u>//</u> mo day yr	*Emergency Tel. # /Instructions
RACE (CHECK AT LEAST ONE)	ETHNICITY (CHECK AT LEAST ONE)	PRIMARY LANGUAGE (CHECK)	Do you have insurance that covers primary medical care? (your visits to the doctor) ☐ Yes ☐ No
White	Hispanic Origin	English	If Yes, does it cover Family Planning? ☐ Yes ☐ No ☐ Don't Know
Black or African American	Not Hispanic Origin	Spanish	Whose name is the policy in?
American Indian or Alaska Native	Unknown / Not Reported	Other	Insurance CompanyAddress
Asian			Telephone #
Native Hawaiian or Other Pacific Islander			Group/Plan #Indiv. #
Multiracial-Unspecified			I hereby certify that all of the information given, including income, is correct.
Unknown or Not Reported			Your Signature mo day yr
Yearly gross income household (include p	for your family livir ersons related by b	ng in the same blood, marriage, or	For Staff Use Only
legal adoption) \$ Number (including yo	 ourself) supported l	by this income?	Client (IRIS) ID# Pov. Level% FP Code (circle one) 01 02 03 04 05 06
Do you have a Social S	Security number? \square	Yes □ No	Staff Initials Date//
If yes, what is it? (optio	nal)		Insurance covering family Public Private planning (circle one) None Unknown
Your Medicaid ID#			
Medicaid Household#_			Limited English Proficiency ☐ Yes ☐ No New FP Client? Existing FP Client? (circle one)
unconsciousness, acc parental permission; h	ident or a condition r owever, in an emerg	equiring ambulance tr ency situation, if you a	uardian if under 18): An emergency would be severe bleeding, ransport or hospitalization. Family planning services DO NOT require are under 18 years of age, we will notify a parent or guardian. Does